

**PENDLETON COUNTY, KENTUCKY
OCCUPATIONAL TAX REFUND REQUEST
TAX YEAR: _____**

Form may cover one calendar year and one employer only. Form W-2 must be attached. Unless written application for refund or credit is received by the county from the employer within two (2) years from the date the overpayment was made, no refund or credit shall be allowed.

Employee Name	Social Security Number
Address	
City / State / Zip	
Telephone	

SECTION A

1. Salaries, wages, commissions and other compensation
(Total of all gross wages with no exemptions.) \$ _____

2. Total number of days/hours worked during the tax year.
(Complete Section B) _____

3. No. of days/hours from Line 2 worked outside Pendleton Co. _____

4. No. of days/hours from Line 2 worked inside Pendleton Co.
(Line 2 minus Line 3) _____

5. Taxable earnings as percentage
(Line 4 divided by Line 2) _____ %

6. Earnings subject to License Fee
(Line 5 Multiplied by Line 1) \$ _____

7. License Fee Due
(Line 6 @ .005 for wages through 3-31-09) AND/OR... \$ _____
(Line 6 @ .015 for wages beginning 4-01-09) \$ _____
Subtotal License Fee Due \$ _____

8. Local Tax withheld per W-2 \$ _____

9. **Refund due**
(Line 8 minus Subtotal Line 7) \$ _____

SECTION B

Give a detailed accounting of days worked and location in chronological order to support your request and summarize below totals on lines 2, 3 and 4 in Section A above. A separate sheet can be attached if more room is needed for complete explanation.

ITINERARY OF DAYS (OR PROPORTIONED DAYS WORKED)

TAX YEAR: _____

[illegible]

Total number of days/hours worked during the tax year (Line 2, Section A) _____

Number of days/hours worked *OUTSIDE* of Pendleton Co. (Line 3, Section A) _____

Number of days/hours worked *INSIDE* of Pendleton Co. (Line 4, Section A) _____

Taxable earnings as percentage (Line 5, Section A) _____%

Signature of Employee

Date _____

EMPLOYERS CERTIFICATION OF ITINERARY

Employer Name	Federal ID Number
Address	
City / State / Zip	
Telephone	
Signature of Manager / Supervisor	Date
Printed Name of Manager / Supervisor	Title

Sworn or affirmed before me this ____ day of _____, 20__.

Notary Public _____ County of _____

My Commission Expires: _____

Complete all sections, with signatures and mail to:

Pendleton County Tax Administrator
233 Main Street, Room 4
Falmouth, KY 41040

Form # 009604-2 // 04-01-09